PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

29747486

| CLAIMS AS FILED - PART (Column 1) | | | | | | mn 2) | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | | |
|---|---|---|--------------|--------------------------------|--------------|------------------|-----|---------------------|------------------------|-------|----------------------------|------------------------|--|
| TOTAL CLAIMS | | | | | | | | RATE | FEE | 1 | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 35 minus 20= | | . 15 | | | X\$ 9= | | OR | X\$18= | 270 | |
| INDEPENDENT CLAIMS | | | 5 minus 3 = | | 2 | | | X40= | | OFI | X80= | 160 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | | OR | +270= | 70 | |
| * If the difference in column 1 is less than zero, enter | | | | | "0" in c | olumn 2 | • | TOTAL | | OR | TOTAL | 1140 | |
| CLAIMS AS AMENDED - PART | | | | | | | | 1 1 1 1 | | | OTHER | | |
| 10 | 76-08 | (Column 1) | | (Colur | | (Column 3) SMALL | | | NTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 32 | Minus | · 3 | 5 | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | NTATION OF MI | Minus | ENDENT | CLAINA | <u> =/</u> | [| X40= | | OR | X80= | / | |
| ile. | rino,i.r,icoc | INTATION OF MIC | CHIPLE DEP | CHOCIVI | CLAIN | | J [| +135= | | OR | +270= | | |
| | | | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | • | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | *** | | = |] | X40= | | OR | X80= | | |
| | FIRST PRESE | NTATION OF MU | LTIPLE DEP | ENDENT | CLAIM | | ┚┟ | 125 | | | .070 | | |
| | | | | | | | L | +135= | | OR | +270= TOTAL | | |
| | | | | | | | | DDIT. FEE | | OR | ADDIT. FEE | | |
| | | (Column 1) CLAIMS | <u> </u> | (Colun | | (Column 3) | 1 - | | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID I | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | 44 | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | | Minus | *** | | = |] | X40= | | | X80= | | |
| | FIRST PRESE | NTATION OF MU | JLTIPLE DEP | ENDENT | CLAIM | | ┚┠ | 7,102 | | OR | 7.00- | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Provinces Paid For" IN THIS SPACE is less than 20, and 270." | | | | | | | | | | OR OR | +270= TOTAL | | |
| *** | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |